

# Proposed Project for DWSRF Funding

## Drinking Water State Revolving Fund

DOH use only:  
 Proj No: DW

**Project Title\*:** \_\_\_\_\_

\*The Title used here will be used on any potential loan agreement. Please provide the title for project as accurate as possible.

**Project Description:** \_\_\_\_\_

**Public Water System No:** \_\_\_\_\_ **Public Water System Name:** \_\_\_\_\_

**County/Owner:** \_\_\_\_\_ **Total Population Served by System:** \_\_\_\_\_

**Legislative District (number)** \_\_\_\_\_ **House** \_\_\_\_\_ **Senate:** \_\_\_\_\_

*The Census information on the right must be obtained from the most recent Federal Census summary of social, economic, and housing characteristics for the water system or area benefiting from the project.*

**Census Designated Place (CDP):** \_\_\_\_\_

**Median Household Income:** \_\_\_\_\_

**Percent of Families with income below poverty level:** \_\_\_\_\_

**Project Type:**

\_\_\_\_\_ **Address acute health effects** (Surface Water Treatment Rule, Total Coliform Rule, Nitrate Standard) [Circle applicable below]

Waterborne Disease Outbreak      SWTR      Fecal Coliform      Total Coliform      Nitrate/Nitrite

\_\_\_\_\_ **Address chronic health effects** (Lead and Copper Rule, Phases I, II, and V Rules, etc.) [Circle applicable below]

Lead      Copper      Organic Chemicals      Inorganic Chemicals  
 Other (List Contaminant: \_\_\_\_\_)      Infrastructure Improvement/replacement

\_\_\_\_\_ **Consolidation of water systems**

\_\_\_\_\_ **Address other concerns** \_\_\_\_\_

**Project Level:**

\_\_\_\_\_ **Potable Water Source**      \_\_\_\_\_ **Water Treatment Facility**

\_\_\_\_\_ **Distribution & Transmission systems**      \_\_\_\_\_ **Storage Facilities**

\_\_\_\_\_ **Other** \_\_\_\_\_

**Project Function:**

\_\_\_\_\_ **Build a new treatment facility.**

\_\_\_\_\_ **Upgrade or replace treatment facilities to improve drinking water quality by preventing contaminants from entering the system.**

\_\_\_\_\_ **Develop a source to replace existing, contaminated source of drinking water.**

\_\_\_\_\_ **Upgrade or replace storage, distribution and transmission facilities to prevent contaminants from entering the system.**

\_\_\_\_\_ **Consolidate systems with insufficient technical, managerial, and financial capability to maintain compliance with drinking water regulations.**

\_\_\_\_\_ **Other** \_\_\_\_\_

**Proposed Project for DWSRF Funding**

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Proj No: DWEstimated Project Schedule:

(Provide Estimated dates – mo/yr)

Submittal of DWSRF

Loan Application \_\_\_\_\_

Projected Start Planning

(Project Report, EA/EIS) \_\_\_\_\_

Projected Start Design \_\_\_\_\_

Projected Bid Date \_\_\_\_\_

Projected Start Construction \_\_\_\_\_

Length of Project (mo.) \_\_\_\_\_

Estimated Project Costs:

(Round to nearest \$1,000)

Planning

\$ \_\_\_\_\_

Design

\$ \_\_\_\_\_

Construction

\$ \_\_\_\_\_

Construction Mgmt

\$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

Estimated DWSRF Funding Requested

(construction + construction management + other):

\$ \_\_\_\_\_

Date (mo/yr) when funding will be needed: \_\_\_\_\_

Is applicant Interested in: (circle one)

Design Allowance

Yes

No

Contingency (5%)

Yes

No

Other Concerns: (Check below) [Note: All items will be verified]

Yes    No

\_\_\_\_\_ Has capacity evaluation been completed on this PWS?

\_\_\_\_\_ Is there a compliance order on this system? [Provide documentation]

\_\_\_\_\_ Does the PWS have an active Cross Connection program?

\_\_\_\_\_ Does the PWS have an active Water Conservation program?

\_\_\_\_\_ Does the PWS have an active Source Water Assessment and Protection program?

\_\_\_\_\_ Is the PWS conducting Phase II &amp; V Monitoring?

\_\_\_\_\_ Are all sources/entire source affected?

\_\_\_\_\_ Has interim action been taken to protect public health/avoid violation?

Describe: \_\_\_\_\_

Provide any additional information to assist our evaluation of the project: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_